



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE**

RENEWAL APPLICATION FOR INDIVIDUAL LICENSE AS:

- | | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Security Guard (Individual) | Fee \$100.00 | <input type="checkbox"/> Private Detective (Individual) | Fee \$100.00 |
| <input type="checkbox"/> Security Guard Employee | Fee \$ 5.00 | <input type="checkbox"/> Private Detective Employee | Fee \$ 5.00 |

ABOVE LICENSE RENEWALS: ADD A \$15.00 ADMINISTRATIVE FEE FOR
BACKGROUND CHECK PURSUANT TO RSA 106-F:8III AND SAF-C 2205-02

ANSWER ALL QUESTIONS BELOW:

Date _____

1. Name of applicant _____ Date of birth _____

2. Present residence _____ Phone number _____

City _____ State _____ Zip Code _____

3. Name of employer(s) _____

4. Address of employer _____

_____ Zip Code _____

Telephone _____

5. Employer N.H. address _____

Telephone _____

6. Date of previous license expires _____ Number _____

7. Have you, in the past two years, been arrested for or convicted of any crime? Yes ☐ No ☐

If "Yes", give details: _____

8. Physical characteristics: Height _____ Weight _____ Color of Hair _____ Color Eyes _____

9. Driver's License Number _____ State _____ Place of birth _____

I certify that I have read the following application and affirm that every statement contained herein is true and correctly set forth and I also certify that I am familiar with all state laws, regulations and local ordinances relating to the license for which I am applying, for the locations in which I intend to conduct operations.

Signature of Applicant _____

(False statements punishable under N.H. RSA 641:3)

Social Security Number _____